CommUNITY Voices:

Integrating Traditional Healing Services for Urban American Indians/Alaska Natives in Los Angeles County

County of Los Angeles Department of Mental Health
American Indian/Alaska Native Under-Represented Ethnic Populations Subcommittee
Community Mental Health Learning Collaborative Project
Summary Report, February 2012

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LAC DMH
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
HOPE WELLNESS RECOVERY

LACDMH would like to thank the American Indian/Alaska Native (AI/AN) UREP Subcommittee and community members for their participation and involvement in the AI/AN Learning Collaborative project and paper. This report is to honor their voices.

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Introduction

In 2007, the Los Angeles County Department of Mental Health (LACDMH) responded to the American Indian/ Alaska Native (AI/AN) community recommendation for an integrated approach utilizing cultural activities, traditional ceremonies, and traditional healers (referred to as "traditional healing services" in this report) for the AI/AN population with mental health disorders. Many AI/AN community members believe that the AI/AN population that struggles with mental health disorders will recover more effectively and expeditiously if they also participate in AI/AN traditional healing services.

The resulting project, known as the *Learning Collaborative,* was a three-phased project that utilized an integrated, community-informed approach that incorporated traditional healing services for the AI/AN population in Los Angeles County with mental health disorders. Phase 1 of the project was the convening of a group of 12 individuals with strong relationships to the AI/AN community in Los Angeles County. The purpose of this phase was to provide an opportunity for open discussion regarding the role of traditional healing services for the AI/AN population with mental health disorders. Phase 2 consisted of carrying forth a strategic discussion among Los Angeles County policy makers, key AI/AN stakeholders and researchers utilizing information gathered in Phase 1. Phase 3, the last phase, was a series of community forums and focus groups involving American Indians and Alaska Natives to capture the community's perspective regarding the use of traditional healing services for AI/ANs with mental health disorders in Los Angeles County.

The principal goals of this report, which relates to Phase 3 of the project, are to:

1. Capture the deliberative process that began in 2007, as a project to address specific administrative and fiscal dilemmas about how to incorporate traditional healing services into present LACDMH services in a culturally competent manner;

2. Describe the establishment of trust and shared understanding within AI/AN community to work together on this issue;

3. Develop efforts to support individual and community healing; and

4. Define roles and responsibilities for sustaining the relationships recognized, rekindled, and restored by the people, participants, AI/AN healers, and agencies that shared their time with the project.

Background

California has the largest AI/AN population of any state, and the largest urbanized AI/AN population in the country resides in Los Angeles County. Los Angeles County has the opportunity to be at the forefront of providing proper mental health, wellness, and traditional healing services for AI/ANs. Due to the marginalization of AI/ANs within Los Angeles County and the resultant lack of cultural validation of AI/ANs in the mental health field, AI/AN children, parents, and elders are reluctant to receive mental health services.

The AI/AN community is arguably one of the most underserved populations in the country. For instance, while only comprising 1% of the total U.S. population, the poverty rate for AI/ANs is a staggering 26%, more than twice the national average. AI/ANs are also 2.5 times more likely to commit suicide than those in the general population. Also, suicide is most likely to occur among AI/AN male youths, whereas among the general population, it is most likely to occur among elderly men. These startling numbers seem to be attributed to a lack of access to proper medical care, and high rates of poverty, alcoholism, drug abuse, and preventable accidents. They also reflect the loss of cultural heritage, the distaste for education, the mistrust of government programs, and the widespread self-destructive behaviors of the AI/AN community.

Historically based traumas have significantly impacted the AI/AN population, resulting in various problems among AI/ANs in urban settings. For approximately one hundred years, five generations of AI/AN children

separated from their families and communities to be "educated" in the boarding school system. This tactic of removing AI/ANs from their community is not unique to the boarding school system; it can also be seen in the relocation era of the 1950s, in which AI/ANs were moved to large urban areas, including Los Angeles. These efforts to "educate" AI/AN people by forcing them to leave their families and communities left them without support or proper resources and forced them to give up cultural ties to their tribes. Recognition of AI/ANs who are indigenous to Los Angeles County is also important in the development of an integrated treatment model incorporating traditional healing practices. The people indigenous to the Los Angeles basin are the Tongva, or Gabrieleño, people. In the northern part of the county, the indigenous population is the Tatavium, or Fernadeno, people. In the western part of the county, near Malibu, are the Chumash people. All of these indigenous populations have contemporary non-federally recognized governments in the Los Angeles area.

While there is no truly physical, centralized area for the AI/AN community in Los Angeles, several community organizations operate in areas across Los Angeles through which many AI/AN families can access resources. Thus, recognition of these local tribal entities is also important in discussions regarding the incorporation of traditional healing services for AI/ANs in Los Angeles County.

Executive Summary

This report discusses details related to Phase 3 of the Learning Collaborative. Building upon work completed during Phases 1 and 2, this phase sought to gain community perspectives on this endeavor by utilizing qualitative methodology. Specifically, community feedback was sought regarding the implementation and utilization of traditional healing services for the AI/AN population in Los Angeles County with mental health disorders.

Information retrieved was from five community-based meetings, including two focus groups, two community wellness forums, and one feedback forum. It is hoped that these community viewpoints will provide the Los Angeles County Department of Mental Health (LACDMH), key stakeholders within the Los Angeles County AI/AN community, and AI/AN community members with information that can result in the design and implementation of an integrated treatment program that utilizes traditional healing services for the AI/AN population with mental health disorders in Los Angeles County.

Information gathered from the community focus groups identified the need to foster collaboration among AI/AN agencies. "Healing rifts" due to "agency territorial centers" was noted. In addition, in order to address the effects associated with historically based traumas experienced by AI/ANs residing in Los Angeles County, a need to restore traditional healing methods was expressed. Also, utilizing and integrating

traditional healing services within the Western-based treatment system was requested by AI/AN community members and mental health consumers.

Six general themes were identified in the community focus groups and community wellness forums:

(1) Traditional healing improves the ability to cope

(2) Culture is central to healing

(3) Access and local needs

(4) Authentic healing and healers

(5) Cultural and language losses

(6) Religion and spirituality/prayer: choice, balance, respect

In the community feedback forum, a narrative analysis identified eight major clusters. The top three clusters were "traditions" (46.35%), "spiritual" (42.02%), and "community" (37.16%).

In summary, AI/AN community members were very enthused, supportive, and adamant with regard to the integrations of traditional healing for the AI/AN population in Los Angeles County with mental health disorders. At the same time, AI/AN community members discussed challenges in defining and implementing traditional healing services. Information retrieved from Phase 3 of the Learning Collaborative further reflected, supported, and strengthened feedback retrieved during the first two phases of the Learning Collaborative. Future opportunities and programs that could assist in the development and implementation of integrated services utilizing traditional healing services for AI/ANs with mental health disorders in Los Angeles County, are thus, strongly suggested.

Phases of the Learning Collaborative: An Overview

Phase 1: Learning Conversations

In September 2007, the California Department of Mental Health requested that the California Institute of Mental Health (CiMH) designed a "Learning Collaborative" focused on the practice of and potential for community capacity-building for the AI/AN community of Los Angeles County. For the past decade, mental health leaders in Los Angeles County have long advocated for the provision of traditional healing services for AI/AN in Los Angeles County who experience mental health and substance abuse problems.

As a result of cooperative dialogue and discussions between LACDMH and mental health care leaders in L.A. County, the beginnings of a "Learning Collaborative" specific to the AI/AN community in L.A. County was initiated through CiMH. The Learning Collaborative convened clinicians, researchers, consumers, AI/AN community members, and AI/AN traditional healers from several AI/AN tribes, as well as LACDMH administrative leaders. Between October 2008 and January 2009, four 5-hour monthly meetings were held. The meetings consisted of 12 participants, including AI/AN healers, AI/AN consumers, AI/AN community members, and AI/AN clinicians, as well as LACDMH administrators, clinicians, and evaluators working with the AI/AN population. The goals were to report on themes and draft a final report. This group participated in a small group process called "learning conversations." The underlying objectives were to build trust and respect among the participants while exploring similarities and differences between standard clinical practices. A particular emphasis was placed on the integration of traditional healing within the mental health

care delivery system for AI/ANs in Los Angeles County. By the end of this phase, participants had developed a stronger sense of trust in each other and recommended a broader group be developed to engage more participants, including senior LACDMH leadership and AI/AN community advocates.

The findings from these conversations have been presented in national and international meetings addressing the mental health care needs of indigenous populations. Due to the large number of AI/ANs who reside in urban areas in the United States (70%, U.S. Census, 2010), the work being conducted in this effort has innovative elements which may have far-reaching implications beyond the addressing of mental health care needs of AI/ANs throughout the United States.

AI/AN traditional healing methods have been highly valued in AI/AN communities for centuries. The importance of providing traditional healing services for AI/ANs has endured throughout the past few hundred years, despite the effects of acculturation and assimilation experienced by this population. This is also true for AI/ANs who have either grown-up or migrated to the urban areas of the United States. The objective of this project was to discover strategies that could be useful in designing a referral system for traditional healing services for AI/ANs with mental health and substance abuse problems in L.A. County.

Traditional healing methods are utilized in Los Angeles County. Clinics providing services offer sweat lodge ceremonies, talking circles, and referrals to traditional healing activities and a handful of traditional healers. However, a coordinated network working toward the provision of traditional healing services for AI/ANs with mental health and substance abuse problems had not been discussed within the LACDMH health care delivery system. Addressing this need within the LACDMH health care delivery model provides a unique opportunity to provide more culturally competent mental health and substance abuse services to this population.

A deliberate understanding of "restoring" what has been lost to AI/AN communities recognizes that traditional healing is not "new," but that the geography of urban environments and inter-tribal communities challenges the broad implementation of such services. The participants throughout the project reflected on the need for community support and resources for the development of innovative strategies to improve the mental health and well-being of the AI/AN population in Los Angeles County. Below are some topics that participants discussed during the learning conversations:

- Cultural ways, traditions, and values are extremely important to the mental, physical, spiritual, and emotional health of AI/ANs in Los Angeles County.
- AI/AN traditional healing practices have significant potential to meet the mental health care needs of AI/ANs in Los Angeles County.
- Although very few traditional healers are known to exist in Los Angeles County, there is a known group of cultural leaders, mentors, and practitioners with traditionally based knowledge who can assist in the integration of cultural activities for AI/AN mental health consumers.
- There is a need for a recognized and well-identified AI/AN community in Los Angeles County.
- There is a need for land designated solely for AI/ANs in Los Angeles County to provide an expansive space for them to learn about their culture, traditions, and ceremonies.

In addition, four strategies were recommended in order to proceed with an integrated system incorporating traditional healing services. These are stated below and were delineated further in Phase 2.

Strategy 1: Referral Protocols and Training

Develop a comprehensive referral system for traditional healing services.

Strategy 2: Research

Conduct more mental health research to investigate an integrated approach of utilizing traditional healing services.

Strategy 3: Community Dialogue

Sponsor AI/AN community gatherings.

Strategy 4: LACDMH Policy

Explore how LACDMH's policies can support integration.

Phase 2: Four Interrelated Strategies

Phase 2 consisted of broader discussions on these four strategies among additional AI/AN policy leaders and researchers and the LACDMH administration. Phase 1 recommendations and main themes were discussed among this group.

During the second phase of the Learning Collaborative, several meetings with key stakeholders from the community, agencies, and LACDMH staff occurred from March 2009 through July 2009.

Four interrelated strategies were outlined as promising approaches to support capacity-building within the AI/AN community. A two-year integrated work plan to implement each of the strategies was also developed, with community dialogue driving each step.

The four strategies can be described along two main axes, namely policy development and community involvement. Each original strategy is described below along with an illustrative purpose.

"We live in both worlds so we must use medicine from both."

-Focus group participant

Strategy 1: Referral Protocols and Training

The focus of this strategy was to develop protocols to train clinicians working with the AI/AN community to incorporate traditional healing services into present LACDMH services.

This strategy was included with much discussion on how services can be enhanced to be more culturally appropriate for AI/AN mental health clients/consumers. It was suggested that the LACDMH Training Division be enlisted to review current training materials and the implementation of culturally appropriate protocols and trainings.

Historically, LACDMH has been supportive of training efforts targeting culturally appropriate service enhancement throughout the mental health system. For instance, LACDMH had sponsored several annual AI/AN mental health conferences that were attended by many AI/AN and non-AI/AN professionals, mental health consumers, and community members. Topics and discussions provided significant education and training. This conference began to gain national attention and recognition. A proposal to identify funding to re-implement the conference was recommended.

Strategy 2: Research

The focus of this strategy was to measure the effectiveness of protocols and trainings by assessing the comfort of the AI/AN community in accessing traditional healing services. A clear definition of traditional healing services needed to come from the AI/AN community, including elders and appropriate key leaders. A comprehensive assessment of AI/AN agencies and programs would also be completed to determine the effectiveness of services being provided. Additionally, an evaluation protocol is needed for departments and agencies in order for them to learn the benefits of an integrated treatment approach. It is also important to utilize AI/AN community members and elders to assist with program assessments and evaluations for traditional healing practices.

Identifying resources to assist with research and evaluations would be done with agencies, colleges/universities, professional individuals, and interns who are familiar with the urban AI/AN community.

Strategy 3: Community Dialogue

The focus of this strategy was to dialogue with community leaders in order to provide guidance to clinicians about traditional healing services and how to develop strategies to increase services in L.A. County. Engagement with the AI/AN community is critically important. It is through the American Indian Community Council (AICC), formerly the American Indian Children's Council, in Los Angeles County that such engagement can be conducted to reach out to and educate the community regarding mental health issues. AICC has developed an American Indian mental health work group that updates and represents the AI/AN community in L.A. County and provides updates on activities of the LACDMH AI/AN Represented Ethnic Populations (UREP) Subcommittee.

The process of community dialogue would also include community events (e.g., Children's Mental Health Awareness Day, American Indian Heritage Month) and trainings on identified topics, as well as their implementation by community programs and agencies.

Community dialogue may also help identify resources for grant funding, such as the LACDMH-issued Mental Health Services Act (MHSA) Innovation Request for Services (INN RFS). It was suggested that AI/AN agencies strategize and identify a lead agency to apply for the funding, detailing how culturally specific programming will be implemented with a focus on traditional healing services.

Strategy 4: LACDMH Policy

The focus of this strategy was to develop LACDMH policies to integrate traditional healing services in treatment through collaborative approaches. This strategy was anticipated to be a long-term process that would involve LACDMH leadership, professionals, and practitioners. A review of policies is needed on how alternative treatment options can be incorporated effectively.

The Los Angeles County's American Indian Commission, in addition to recognized AI/AN leaders, professionals, and elders, should be approached to provide input regarding policy discussions.

Conclusion

Though these four strategies are to be community-driven, it is also imperative that collaborations be strengthened through partnership with LACDMH and urban AI/AN service providers to ensure their successful implementation.

By December 2009, the LACDMH Program Support Bureau, Planning Division, with support from Phase 2 participants, secured additional funding to initiate, document, and incorporate community feedback. The next phase was needed to support and expand the work in Phase 2, while addressing the necessary challenges of community building and system change.

Phase 3: A Community Proposal for Healing

Proposition: *There is a positive impact from traditional healing services for the Los Angeles County AI/AN Community.*

Supported and endorsed by Learning Collaborative participants' ongoing research, direct provider experience, and anecdotal reporting from the community, this proposition became the basis for expanding the community dialogue in Phase 3. The proposition is also based on a shared understanding of the services that AI/AN mental health consumers currently need and may also expect from agencies providing services to AI/ANs in Los Angeles County.

The Phase 2 report asks two questions to challenge LACDMH and the Los Angeles County AI/AN community:

(1) Will leadership emerge within LACDMH and AI/AN communities to continue the work?

(2) Is there the collective will to take another step?

The leaders from Phase 2 recognized that community dialogue is needed to facilitate the sharing of this wisdom in order for trust and leadership to emerge. The team building in Phase 3 was marked with a desire to "include the community more," "to outreach to remote areas of the county," "to involve natural leaders," and "to use facilitators the community trusted." It was this desire that developed into a collective agreement by participants that AI/AN community leaders would be central in moving the proposition forward in Phase 3. Two notable local community members were engaged to provide such leadership: Chrissie Castro, an independent consultant, and Jose Leon, from the American Indian Community Council.

"You cannot use a Western counselor for Native healing, and I wished that I had a Native American counselor for my Western therapy."

-Focus group participant

The expansion of the scope of work from a few community forums to a broad series of focus groups and community forums required developing agency and tribal partnerships to address an expanded need for geographic parity and broad AI/AN community participation. The focus groups and community forums targeted discrete and geographically diverse populations across the greater Los Angeles County.

A scope of work was developed and a series of planning meetings and conference calls with Phase 2 participants were held to review the planned activities and the content for the dialogues. The scope of work included the drafting of a paper to encapsulate the lessons learned from the community dialogues and the process itself. The fact that community participation was very strong indicated that people were eager to discuss the issues and the possibility of restoring traditional healing services in the urban area.

Qualitative Methods for Community Dialogue

Qualitative research in its basic sense is a form of natural social inquiry. It is the culmination of various research traditions that can help explain the social context for behavior and interpret phenomena that occur in natural settings. Some generally accepted methods include: case studies, observation, interviews, focus groups, and life stories. Effective qualitative research develops themes and eventual theories that are connected to the real-world experiences of people through the sharing of their stories and personal truth.

Another way to describe this process is Grounded Theory. By identifying a particular setting or concept of interest, researchers can use the structural aspects of the content to develop theories or propositions to explain real-world situations or experiences. For example, in the case of the Learning Collaborative, this grounded theory approach is illustrated by the initial synthesis of ongoing research conducted by several Phase 1 and 2 participants and the individual stories shared by these participants. The eventual culmination of a work plan and the identified strategies to test the conceived propositions demonstrates natural inquiry at work.

The Phase 3 work included focus groups and community forums to capture individual stories and experiences. A facilitation guide was developed to complement other data collection. Two focus groups, two community wellness forums, and one feedback forum were held during Phase 3.

Oral Tradition and the Power of Story

The transmission of cultural knowledge through storytelling or oral tradition is central to many indigenous peoples. In the narrowest sense, storytelling becomes a singular event that can impact several other people listening to the story as well those that experience the effect that the story has on the original listeners. This phenomenon can be seen in the psychological trauma that affects individuals and groups in historical contexts (Braveheart, 2001). The stories of peoples' lives told and re-told can also be understood in the clinical context of "narrative therapy." By collaborating with an individual, a therapist can help people re-author stories that may have made recovery difficult in the past.

Communities can also work together to recapture and re-tell their stories through an intentional process of dialogue. The focus groups and community forums of Phase 3 of the Learning Collaborative initiated a dialogue where individuals shared stories, beliefs, concerns, and hopes in conversation. Many respondents felt connected to a larger AI/AN community for the first time.

Research has shown that personal, social, and cultural experiences are not only explained but also constructed through the sharing of stories (Riessman, 1993). Furthermore, within healthcare settings, the narrative approach has been used to study a patient's view on illness (Kleinman, 1988) and the meaning of disease (Stevens & Tighe Doerr, 1997). Narrative analysis uses the content and the actual process of telling or re-telling a story to capture the essence of the belief, event, or experience. Within the context of dialogue is the social construct of speaking, listening, framing, understanding, and, frequently, re-capturing the content of the dialogue.

"Will people seek out the healers and practices or do they do it in private?"

-Wellness forums participant

Dialogue-mapping occurred within the focus groups and community forums, revealing several facets of the dialogue, including the healing nature of talking.

Community Partnerships

The LACDMH Learning Collaborative explored the concept of community from strategic, administrative, geographic, and planning perspectives. However, the specific and unique need for "relationship" could not be easily encapsulated as part of a broad definition of community. Within the context of mental health and well-being, the necessity for authentic capacity building in the community could not occur outside of a genuine dialogue with the community. Consequently, outreach and engagement needed to occur with agencies, tribes, specific communities, leaders, cultural brokers, and healers.

In developing the focus groups and forums to be facilitated throughout the community, consultants and participants brought five organizations together:

- American Indian Community Council
- American Indian Healing Center
- Pukuu Cultural and Community Services
- United American Indian Involvement, Inc.
- Gabrieleño/Tongva Tribal Council of San Gabriel

These five groups assisted in many ways, including outreach to their members and co-hosting the community events. The fact that the focus groups and community forums could occur in a natural setting enhanced the qualitative methods used to capture the themes and issues important to AI/AN communities.

"A good Pow Wow makes you feel good, inside from your core. In Western medicine I never felt anything this good. "

-Focus group participant

Highlights of Community Focus Groups

AI/AN communities have a long history of being "researched," which can make access to these communities difficult. As a form of qualitative research, focus groups offer many advantages when working with AI/AN communities. In addition, the very sensitive nature of the topic of "traditional healing" was well-suited to the focus group format. Focus groups help in the exploration of difficult topics with hard-to-reach groups and can yield a wealth of information on a topic in a very short time.

In Phase 3, the focus group format was used to gain specific perspectives from respondents regarding their understanding, beliefs, and concerns regarding traditional healing services. Two organizations helped facilitate the focus groups and provided support before and after each data collection activity. Their assistance and collaboration yielded productive outreach and brought a group of individuals together who were ready to talk.

Each group was unique to the geographic region of Los Angeles County, but also took an active role in creating the cultural and spiritual context of the focus group. Over about two and a half hours, respondents held genuine conversations with each other and the facilitator—sometimes challenging each other and often acknowledging the broad challenges of adequately serving AI/AN communities in L.A. County.

The focus groups were held at the following locations.:

American Indian Healing Center
12456 Washington Blvd.
Whittier, CA 90602-1005
Thursday, May 20th, 2010

Pukuu Cultural Community Services
601 South Brand Blvd., Suite 12
San Fernando, CA 91340
Wednesday, May 26th, 2010

Focus group guidelines included the following questions:

- What priority do you place on traditional healing within the community? Examples would include participation in pow-wows, talking circles, ceremonies.
- Are there any traditional healing services that you would like to be made available to youth?
- What types of traditional healing services do you think youth would be responsive to?
- Is there a role for traditional healing in the recovery of substance abuse among American Indians? Why?
- Is there a role for traditional healing in the recovery of mental illness among American Indians? Why?
- How do you know when a healer is trustworthy or legitimate?
- Is there a known list or circle of healers in Los Angeles that people use?
- Interfacing between traditional healing and Western healing:

  1. Can they and/or should they co-exist?

  2. How do you feel about integrating the two?

  3. Do you currently use or would you be willing to use traditional healing practices and Western healing concurrently?

"If the Native [American] person is not connected to things, how do they know to access traditional healing, their songs, dances, and ways?"

-Forum participant

The data collected from these focus groups, which should be considered preliminary data, would be a valuable resource for developing large-scale surveys and key informant interview guides—a critical next step in developing referral protocols and training guides for non-AI/AN mental health professionals.

In addition to the general cluster analysis performed with all the data collected (Appendix 3), the key observations from focus groups can also yield useful information regarding the process of initiating the community dialogue.

Key observations from the focus groups were grouped into four categories:

1. Trust Building
2. Cultural Losses
3. Community Connections
4. Local Capacity/Self-Determination

1. Trust –Building

The dialogue that emerged from the focus groups was initially focused on trust. The respondents needed to understand who, how, and what they perceived as "healing" would be included, excluded, or marginalized. Specific phrases such as, "We need to certify by community consensus," or "The community must control and identify the healers or medicine people," suggest that organizational leaders may need to sustain the dialogue to gain further access and understanding of how to support and serve these local communities.

There was an implicit understanding of bureaucracy and hope for collaboration, as illustrated in such comments as: "It seems LACDMH needs to put their trust in our leadership and we need to ensure we have the community's trust," "I am sure and hope this works, with the support of the community, and keeping this together, and trust that this will happen," and "there are so many tribal affiliations, but we can make it work for our families."

2. Cultural Losses

Once a sense of group trust developed, the conversations moved into a stage of personal sharing and reflection. Stories of lessons learned from family and elders, as well as personal experiences with racism and stigma, were shared with the group. This group of ideas could be broadly termed "Cultural Losses."

Specific stories about recent cultural insensitivities and experiences of separateness impacted respondents. The general feeling was that the focus groups, regardless of format, were in themselves a "healing service." Respondents stated they, "Felt healing going on," and "being here is a healing process."

3. Community Connections

In both focus groups, respondents identified the need to foster collaboration among agencies and organizations. Reasons included meeting the specific tribal needs of individuals, determining who would be brought into the area to help heal, developing the types of programs that would be funded, and addressing stereotypes.

Statements included phrases about healing rifts in the community: "No more territorial services or centers," "We need to get American Indian people healed by working with [the] centers to get [the] best comprehensive services possible," "We have to respect [each other] because sometimes workers from different agencies are not connecting and linking up services—this will allow better access to healers," and "We need all of the agencies that are connected to this project to connect to each other and work together."

4. Local Capacity/Self-Determination

Generally speaking, the respondents were open to also collaborating with LACDMH, but a lot of concern was expressed over creating a "list of traditional healers." A consensus emerged that the community needed to be recognized as the designated authority on which practitioners actually

"We were stewards of the land and it is connected to us. Our community will take this and help us to get started and make these efforts happen. Land is needed to have this happen. Land is healing."

-Focus group participant

heal or "work medicine*." Group members agreed that LACDMH needed to understand that when it came to engaging traditional healers that a "quick answer goes against the way we do things."

"*We need to connect [with] the community and put it [in] our hands..."*

Group members restated the need to "restore" traditional healing, as well as the multi-generational impact that could be achieved by developing a project that would bridge notions of Western and traditional well-being. The impetus for developing "local capacity" and maintaining "self-determination" centered on future generations. It was expressed that without "collaboration across all services and agencies," people would fall through the gaps, a conclusion that resonated with respondents.

The complexity and importance of what needs to be restored to local AI/AN communities was not lost on the group members. In fact, very specific ideas were presented to help facilitate the scope of the project's next steps:

- "*We need to focus on prevention, which is a healing process."*
- *"Western medicine has to be open to us and our ways."*
- "*Utilizing what we have and trying to build a network of healers would be good."*
- "*We can integrate both Western and Native medicine. They can co-exist, but we have to find balance and find that connection. We have to value the difference."*
- *"You need to get us a piece of land so that these ceremonies and healings can happen. We are people of the land."*
- *"Maybe we should create a council of elders; a confederacy that brings healers together, Southern and Northern peoples from our tribal communities."*

*The word "medicine" refers to traditional practices (i.e. ceremonies) that address the spiritual aspect of healing. The practices vary from tribe to tribe.

Highlights of Community Wellness Forums

In addition to the focus groups, the topic of "traditional healing" was discussed in two community wellness forums. Large-group discussions can help elicit new ideas and foster the community cohesion necessary for sharing difficult issues and mitigating past community stressors. In addition, large-group dialogues can foster organic leadership that speaks to collective experience and wisdom.

In Phase 3, the community wellness forums were used to gather broad perspectives from community members. Participants shared their understanding of traditional healing services important for local AI/AN communities. Two organizations helped host the wellness forums and provided support before and after each event. The collaboration with these organizations resulted in productive outreach and solid attendance.

Each event targeted unique geographic regions of Los Angeles County with co-facilitators leading the community dialogue and helping each wellness forum create a specific common cultural and spiritual context for the discussion. Ground rules, or group agreements, were presented and participants agreed to:

(1) Strive for balance in sharing.

(2) Maintain a speaking order.

(3) Acknowledge that everyone has their own truth.

(4) Create a safe space to share.

(5) Enjoy each other's company.

Both wellness forums used the entire time allotted for discussion, and when participants adjourned they wanted additional opportunities to cover the questions in more depth. Over the course of the evening events, participants shared stories of healing, connection, tradition, and hope. The local community participants generally agreed that it is hard to define what traditional healing or spiritual practices consist of because there are so many tribes in the L.A. area. A thread of cooperation and recognition of tribal differences allowed for common ground without focusing on differences in tribal affiliation or acculturation level.

A participant went so far as to ask that everyone attempt to learn from each other in a value-driven way because there is room for common wisdom without deteriorating into a "pan-Indian way."

The wellness forums were held at the following locations:

American Indian Community Council
Indian Revival Church
5602 Gage Avenue
Bell Gardens, CA 90201
Tuesday, May 11th, 2010

Gabrieleño/Tongva

Tribal Council of San Gabriel

2201 Barrywood Avenue
San Pedro, CA 90731
Friday, May 21st, 2010

The content of the community wellness forum facilitation guide included the following questions:

- What priority do you place on traditional healing within the community? (Examples would include participation in pow-wows, talking circles, ceremonies.)
- Are there any traditional healing services that you would like to be made available to youth?
- What types of traditional healing services do you think youth would be responsive to?
- Is there a known list or circle of healers in Los Angeles that people use?
- What is your understanding of wellness? (emotional, physical, mental, spiritual)
- Why do you think people turn to substance abuse in the American Indian community?

Prior to the formal questions, participants were given an opportunity to share, and elders encouraged everyone to speak and be heard. Individual statements were initially directed to the facilitator. However, once individuals began to share personal stories of healing experiences or a family history with healing, an authentic dialogue began. Stories of family healers and speaking with elders helped elicit an authentic dialogue.

The success in creating a platform for an authentic dialogue was further evidenced by the participants' willingness to share painful as well as happy stories. A lot of common experiences and laughter were shared in each of the wellness forums. Participants were satisfied with the content of the questions, the facilitators, and format. The general feeling was that the talking circle format and the wellness forum's topic were "healing." Individuals said, "I like the talking circle because you do not bring the negative energy into the circle," and "In the healing circles if you take good energy into the women's circle, then that can be good healing," and also "Every time you get into a circle you connect to energy."

"There are people in the community that should be healers and medicine men or women but because we are in the urban area, they do not know or do not have the right mentors"

-Focus group participant

You can connect to the nature, to trees, plants, [and] insects." One participant shared that it was important for the community to be open to each member and be flexible in order to heal: "Coming together is a form of healing and being together to share this experience of life. And I think that this is not happening and I hope that traditional healing can be adaptable."

"*This circle is a source.*
We do not have to make an appointment with a man to heal."

Highlights of Community Feedback Forum

In addition to the focus groups and community wellness forums, a feedback forum was hosted to share preliminary content and reassure community participants that there was a common set of themes emerging from the community dialogue. Facilitators initiated the conversation by reviewing established ground rules and encouraging participants to raise questions and concerns.

The feedback forum was held at the following location:

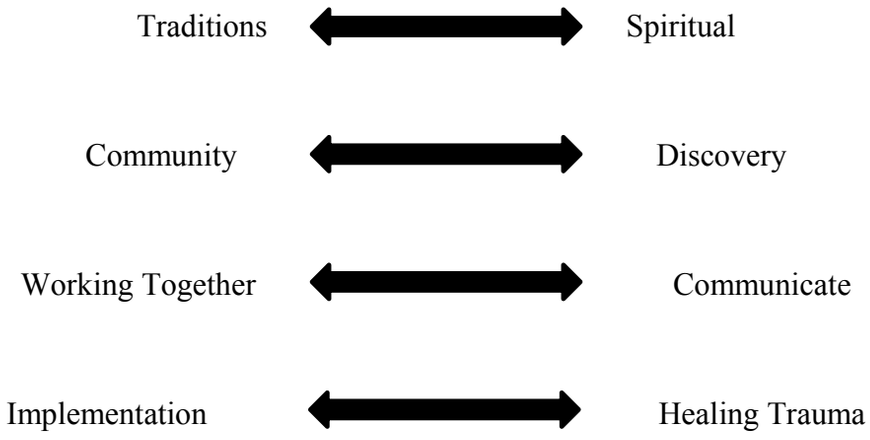
United American Indian Involvement
Seven Generations Child and Family Services
1125 West 6th Street
Los Angeles, CA 90017
Friday, May 27th, 2010

In Phase 3, a variety of formats and tools were used to elicit community input and gather broad perspectives. Community members shared their understanding of traditional healing services important to local AI/AN communities. Specific comments about the feedback forum are listed below:

- "Forums are a form of healing."
- "We need to continue the discussion."
- "[We should] add spiritual health to the discussion."
- "[The] question about traditional healing is complex and not easy to answer."
- "[It is] hard to answer questions on a survey."

Discussion of Themes and Clusters

The Narrative Analysis performed with all the data collected yielded clusters of concepts related to communication, community, and collaboration (Appendix 3). However, "spiritual," "traditions," and "community" were present more often than other clusters. One way to conceptualize the data is mapped pairs, i.e., Traditions and Spiritual, Community and Discovery, Working Together and Communicate, Implementation and Healing Trauma. By grouping these clusters together, a pattern can emerge that supports both the inherent connections within the themes, but also the potential pitfalls.



For example, across all of the community dialogues, traditional healing was tied to spirituality and culture. Any service delivery strategy to restore traditional healing in the urban environment must account for the various beliefs, practices, and limitations on spirituality posed by the urban locale. In terms of program implementation, community participants shared very recent experiences of trauma and mistrust. Therefore, providers and agencies must initiate implementation (policies, strategies, timelines, etc.) so that further trauma is mitigated and trust strengthened.

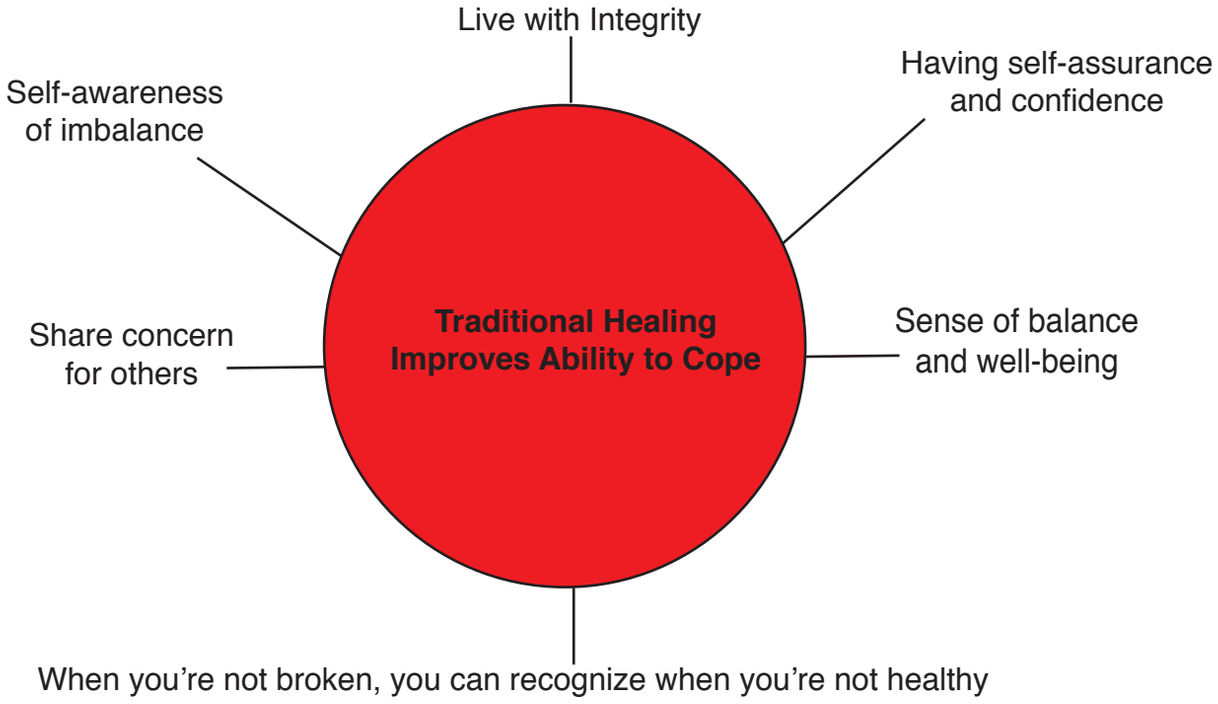
More broadly, follow-up dialogue could focus the mapped pairs to further inform policy development such as referral protocols. Community dialogue could occur in any acceptable format to the community, including key informant interviews, focus groups, or even talking circles.

Key observations from the wellness forums could be grouped into the following additional themes to assist program development:

Theme 1: Traditional Healing Improves the Ability to Cope

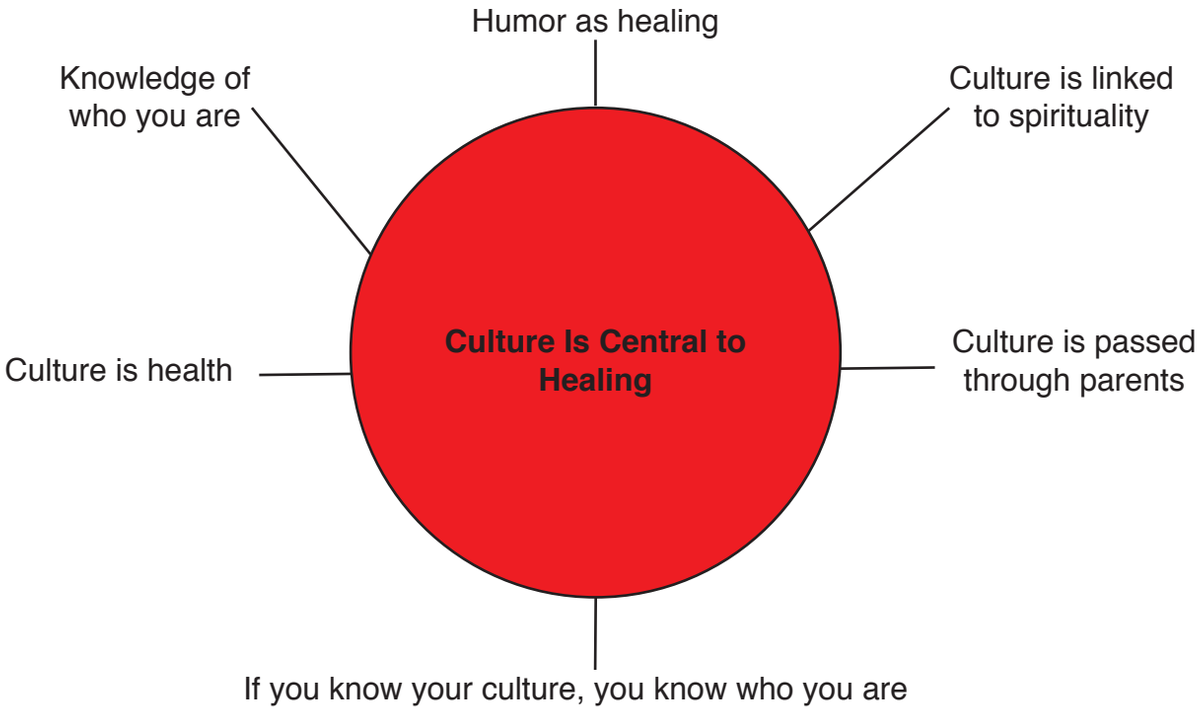
The wellness forums' participants described various aspects of a healthy balance in life. Overall, there was an endorsement of the idea that to be emotionally, physically, mentally, and spiritually healthy means "anybody that's able to cope with our society."

Specific statements regarding health, resiliency and coping strategies are presented below:



Theme 2: Culture Is Central to Healing

Participants also stated that culture was an essential part of healing. They described various barriers, strategies, ceremonies, and aspects of the AI/AN culture that were influential to them. Most telling was the direct link that participants drew between culture, health, and spirituality. Specific statements about culture, health, and belonging are presented below:



"...we need to connect to traditional healers and medicine people to heal. They can teach us."

-Focus group participant

Theme 3: Access and Local Needs

Similar to those in the focus groups and wellness forums, participants seemed to accept that extensive challenges existed that could only be overcome by working together. An individual stated, "We want this to include many organizations not just one...wherever the person connects, like churches or other centers that we can give resources. When some people are in crisis, they do not want to see people at the mental health center."

As also stated in both focus groups and wellness forums, participants believed that the community would be best served if there was more collaboration among AI/AN agencies and organizations. It was stated that networking was very important: "The women helping the younger women, the men helping the younger men. We are going to be cheerleaders if we can find the place to empower each other. The key people will rise up." As stated earlier, participants were positive about working with LACDMH but they were apprehensive about creating a list of traditional healers. Participants wanted to understand who would label healers as such. Participants also noted that the relationship and disclosure by those people who "have medicine" does not happen quickly. One woman shared that it was only after two years that women in her talking circle actually "saw" that they have medicine to give.

> "We were meeting for almost two years before we identified that there were certain women in the circle that have the medicine. Women have a place in our hearts. We recognize these women. The young ones were listening and they saw the connection—in our truth center, our heart. So I worry when the Department of Mental Health wants to put together a list. What is the measure, what is the test; I know that my grandma gave the medicine and know that [she gave it] even when we were sleeping."

Participants also expressed concern over what factors or services would be deemed as "healing." Would these be individual services or community services? Could someone go "home" for services? How would elders be included? And how would healers be chosen?

The wellness forums' participants saw the importance of developing a proposed service strategy for traditional services. However, these individuals connected to healing through cultural activities. To be connected to the community was seen as the best way to share in cultural activities as well as accessing traditional healers. Participants made statements such as, "Just eating with other native people and [praying], laughing, and being with people is healing," and "Good medicine is holding onto your traditions, and just modeling and doing things like feeding your elders."

Theme 4: Cultural and Language Losses

The dialogue in the wellness forums focused on the different ways participants maintained connection to culture and language. The participants also shared their understanding

of the broad barriers to traditional services in Los Angeles County. Specifically, they recognized that there were not enough resources to address individual tribal needs, and that there were not enough healers and providers that AI/AN community members could really connect with. "I think that it is on the personal level because when you find that person that you can talk to and be one-on-one with [it is healing]...it is rare to find people that are intimate and help you feel like you are the only person that is in the room."

Several participants expressed a desire to see more cultural and traditional activities available in the Los Angeles area, but they also understood that issues such as resource allocation, transportation, tribal differences, and extreme personal losses can complicate program and service delivery. At least two participants were dealing with family losses, including a recent teen suicide. Being understood was central to the concern participants had over their personal and family connection to tradition and culture.

In the first wellness forum, a participant noted,

> "In thinking about this project, how would the Department offer services and support access to traditional healers? Is this a pan-Indian thing or is it tribe specific? We do not have the resources to bring to the 600 or so tribes."

Language and the intersections between culture and healing were discussed in at least three separate contexts, and it appeared that cultural insensitivity was also a potential "language barrier." Participants recognized that the loss of Native languages has created barriers to healing because "to bring out culture, we have to learn our language." Also, being in the urban area makes it difficult to speak the language as opposed to being on the reservation. "It is hard to not speak my native tongue [back home]. Plus there are some things that you cannot say in the English language." Lastly, participants recognized that many traditional healers speak a language that they do not necessarily understand—even if they are speaking that person's Native language. "I do not know any one [healer] that I would see here in L.A."

Back home, there are traditional people that I would trust enough, but they speak Ho-Chunk and I do not speak the language... I am confused so I just go to pray."

Theme 5: Authentic Healing and Healers

Several participants stated the need to "respect" that traditional healing and Western healing needed to be framed with choice and community endorsement of traditional healers. This was a similar concern stated in the focus groups. Participants questioned why LACDMH wants to integrate Western and traditional medicine. One participant clearly wanted to see service integration, but was not sure about the motivation for it. The individual stated,

> "I would support it, but, again, what is the goal of incorporating traditional ways into Western healing? Does the Department of Mental Health want to make traditional healing to connect people? Everyone has their own ways of connecting to the creator, or God, through Christianity, or traditional healing. One size does not fit all."

A concern about the authenticity of those who call themselves healers was expressed . One participant said, "I am usually shut off to people who call themselves 'healers' or 'elders' because you learn that they label themselves so that they can bill...the Western way requires them to have that title." Another participant explicitly stated, "To me, a traditional healer is humble. People go to certain people, but you do not say you are a healer—[a healer] would have people go to them by word of mouth."

Participants were also concerned about disclosing or referring other people to a healer that they used out of concern about losing the personal relationship necessary for the healing to work. "I do not know if that person would like me to say that people should go to them. I do not know if it is personal. I know that people say that some people did not work."

Others were not even willing to consider using traditional healers, but wanted to ensure that others had the opportunity. One individual said, "Since I am not that involved with traditions, what I have learned for me is to respect their traditions. It involves elements and values. I respect the element of respect. I also understand the freedom of choice—Ritual, Christian, Catholic, Navajo, or whatever."

Theme 6: Religion and Spirituality – Prayer, Choice, Balance, Respect

The dialogue included different views on religion and spirituality. Participants were slow to criticize other individuals who were speaking, but generalized statements about "not wanting [to] offend anyone," by saying ,"that is not our way" in order to point to a general tension between Western ways and traditional ways of doing things, which is not particularly new to working with AI/AN communities. However, integration of Western therapy and traditional healing is likely to center on this topic because traditional healing is intimately tied to spirituality. Some participants easily reconciled "church" and being traditional, whereas others shared stories of being accused of being "demonic, judged and not accepted." Most agreed that being connected to something spiritual was healing, but few were willing to commit to any commonality beyond the "circle." An individual shared that his tradition growing up was prayer in the Methodist church. He saw a parallel between the minister and a healer because a traditional healer has a gift to help the people pray. "We all pray to one higher power; it is a gift."

Several participants reflected that they would have liked to have had the option for traditional healing alongside Western treatment, but were not given a choice. One individual stated, "I just think that, well in my experiences, not everyone wants or prescribes to their Native culture." Like some people in the room, it is really about adapting to the people in front of them...and give people the option. When I was going through my treatment, I was not given the option for traditional healing."

This broader theme of choice reflected the tension between religion and spirituality, and also the lack of services and cultural relevancy in existing services. Participants shared stories of frustration over service providers not being open to traditional ways, despite advocacy and community support.

> "We had a Native American youth and he did not want to take the medicine that was offered to him. I told his mental health provider, 'You need to find a way so that his Native ways would be respected.' As I got to know him, his mental health provider did not listen to him; [I said], 'You need to give him room to use his ways.' Sometimes we need our medicine."

And in particular, one participant recommended that a separate forum be set up to increase understanding between all those individuals that are trying to help people heal.

> "…what I see this wellness forum doing is having a gathering of spiritual healers and traditionalists coming together…By having the other practitioners and priests there, it will be a one-on-one accord to reach and guide."

Sustained Dialogue: The Dialogue Itself Is Healing

In several venues and among different AI/AN communities, a decisive endorsement of the community dialogue as a "healing" activity brought the facilitation team to a point of concern. Specifically, the team wondered how to sustain the dialogue beyond Phase 3 and also address isolated, but passionate, concerns presented by focus group respondents and wellness forums participants.

Community members were eager to not only hear the results of the project, but also wanted to hear what other communities were thinking and discussing.

Lastly, the following statements reflect issues that were important to the participants. They are presented to expand future community dialogue and mitigate potential disagreements about next steps. They represent isolated sentiments, but as an amalgamation, reflect the need for more dialogue within specific AI/AN communities.

In particular, facilitated dialogue and narrative mapping could yield a set of strategies to help other AI/AN communities beyond Los Angeles County. Furthermore, by sustaining the dialogue, a distinct need for community-level healing activities might emerge as discrete recommendations from community members.

Appendix 1: Community Reflections

- *"Just being with the native women in the circle is my sanity."*
- "*What do you say to the Christian Indian people? Or to the Catholic Indian people in the Kateri Circle? We all have our different ways. When you have all the people from different churches and then you have to get people of different tribes."*
- "*I know what [traditional healing] means back home as a Lakota. I feel that…in the urban area, it is hard. Many people use our teaching. Our ways are supposed to bring you closer to your ways."*
- *"The goal is to not just be sober but [to be sober] in other areas of your life, too; [To be] emotionally, spiritually, and physically…balanced and strive to that goal…it can open not just in a circle, but one-on-one, over the phone or in crisis."*
- *"There are medicines here that we can use and there is always one or two that can be brought from the reservations. An elder from Morongo taught me about medicines that are used out here and could be used in their place, like "sisters" that can be used for the same purpose to heal."*
- *"People search for their identity. I am struggling with this. My mind is always on the reservation. I do not know if your organization can answer my questions."*
- *"Back to the traditional healing, that is a loaded question. We can look at it in the traditional way [or] the church way. I am the only traditional [person] that is going to the churches and talking to them."*
- *"When we are talking about healing, we need to heal the mother earth; we need take back mother earth back to us again."*
- *"I think that the native community needs to control the programs with support from outside government agencies. We need to create programs that we run and that we support."*

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Appendix 3: Phase 3 Narrative Analysis

The community stories, ideas, concerns, and experiences were subjected to a detailed narrative analysis. An anonymous data set was used to populate proprietary software from the Kiely Group. Narr8TM-Narrative Analysis Software is an innovative method to analyze large amounts of qualitative data. By using a "Modified Delphi" approach to gather and analyze data, the Kiely Group can analyze *beliefs, attitudes, thought processes, and behaviors*. The data table below presents main clusters and percentages. The top three clusters are in bold.

Clusters	Word Count	Percentage*
Communicate	639	30.72%
Community	**773**	**37.16%**
Discovery	708	34.04%
Healing of Trauma	380	18.27%
Implementation	429	20.62%
Spiritual	**874**	**42.02%**
Traditions	**964**	**46.35%**
Working Together	651	31.30%

*Total Word Count = 2080

Appendix 4: Learning Collaborative Participants and Acknowledgments

The AI/AN UREP would like to give special recognition to Glenda Ahhaitty for her vision that initiated this groundbreaking work.

Participants:

- Ron Andrade, Executive Director, L.A. City and County Native American Indian Commission
- John Andrews, Director, American Indian Healing Center
- Ernest Harry Begay, Traditional Practitioner, Navajo Regional Behavioral Center
- Chrissie Castro, Community Consultant
- Daniel Dickerson, D.O., M.P.H., Addiction Psychiatrist, United American Indian Involvement, Inc.
- George Funmaker, Substance Abuse Counselor, American Indian Changing Spirits
- John Funmaker, Lakota Healer
- Larry Gasco, L.C.S.W., Ph.D., L.A. County Mental Health Commission
- Ben Hale, Traditional Indian Health Program Coordinator, American Indian Health Center
- Carrie Johnson, Ph.D., Director, Seven Generations Child and Family Services, United American Indian Involvement, Inc.
- Jose Miguel Pulido Leon, Community Consultant
- Elton Naswood, Program Coordinator, Red Circle Project, AIDS Project Los Angeles
- Paula Packwood, M.H.A., R.N., Chief, Special Projects, L.A. County Dept. of Mental Health
- Brighid Pulskamp, Cultural Coordinator, United American Indian Involvement, Inc.
- Brenda Robles, Evaluator, United American Indian Involvement, Inc.
- Paul Sacco, Mental Health Clinical Program Head, American Indian Counseling Center, L.A. County Dept. of Mental Health
- Marilyn Seide, Ph.D., Division Chief, L.A. County Dept. of Mental Health
- Roderick Shaner M.D., Medical Director, L.A. County Dept. of Mental Health
- Ana Suarez, L.C.S.W., Service Area 7 District Chief, L.A. County Dept. of Mental Health
- Johnathan Talamantes, American Indian Youth

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- Mark Parra, M.Ed., L.A. County Dept. of Mental Health
- Delight Satter, M.P.H., Director, American Indian and Alaska Native Research Program, UCLA Center for Health Policy Research
- Nina Tayyib, Psy.D., M.P.H., L.A. County Dept. of Mental Health
- Tara Yaralian, Psy.D., Planning Division Program Head, L.A. County Dept. of Mental Health

Notes

“Our health and our mental health are tied to prayer and we are supposed to be in balance.”